# P16000000874

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EFFECTIVE DATE
12-20-15

2015 DEC 21 PH 12: 3

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# **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Soth Lake Men	May Research	Corporation
Enclosed are an orig	ginal and one (1) copy of the art		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:	Julio Paez Name 845 Oakley	Seaver Dr. Address	. <u> </u>
	Clermont, Florid	34711 State & Zip	
	352-394-083 Daytime T	3 Celephone number	
		erearch. Com	notification)

NOTE: Please provide the original and one copy of the articles.

# SOUTH LAKE MEDICAL RESEARCH, Corporation

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I - Name**

Mistage Party of The name of the corporation shall be: South Lake Medical Research, Corporation

# ARTICLE II - Principal Office

The principal place of business and mailing address of SOUTH LAKE MEDICAL RESEARCH, Corporation is: 845 Oakley Seaver Drive, Clermont, Florida, 34711.

## **ARTICLE III - Purpose**

The purpose for this corporation is for any and all lawful purposes.

#### **ARTICLE IV - Shares**

The number of shares of stock is 2.

### **ARTICLE V - Initial Directors**

The initial directors are:

Julio Paez, M.D.

845 Oakley Seaver, Dr.

Clermont, Florida 34711

Julie Saranita, D.O.

845 Oakley Seaver, Dr.

Clermont, Florida 34711

Julio Paez, M.D.

Julie Saranita, D.O.

ARTICLE VI - Registered Agent

The name and street address of the registered agent is:

Julio Paez, M.D.

845 Oakley Seaver, Dr.

Clermont, Florida 34711

**ARTICLE VII - Incorporator** 

The name and street address of the incorporator is:

Julio Paez, M.D.

845 Oakley Seaver, Dr.

Clermont, Florida 34711

## **ARTICLE VIII - Effective Date**

The effective date of the corporation is December 20, 2015.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

14-Dec-2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

14-Dec-295

Date